



## Direct Deposit Authorization Form

☐ **New** ☐ **Change** ☐ **Cancel**

(Check One Box Above  
and Complete the Balance of the Form in its Entirety)

**Your Name (Please Print):**

\_\_\_\_\_  
Last First Middle

**Phone Numbers:**

\_\_\_\_\_  
Home Phone Work Phone Other Phone

**Current Address:**

\_\_\_\_\_  
Number/Street/Apt# City State/Zip Country (if not US)

**Social Security Number:**

**Case ID or Court Case (Docket) #:**  
(Identify One Case Number, but Multiple Cases May be  
Paid in a Single Deposit.)

\_\_\_\_\_  
Number County

**Bank Name:**

**Bank Account Number:**

☐ **Checking**  
☐ **Savings**

**Bank Routing Number:**

**For a CHECKING account:**  
**Write VOID on an unused**  
**check and attach here**

**For a SAVINGS account:**  
**Contact your bank.**  
**Obtain written verification**  
**of your account and**  
**routing numbers from**  
**your bank. Attach that**  
**verification to this form.**

John and Mary Jones 1234  
123 Main Street  
Anytown, MI 48888

Pay to: \_\_\_\_\_ \$ \_\_\_\_\_  
**VOID** DOLLARS

Anytown Bank  
Anytown, MI 48888

For: \_\_\_\_\_ **Do Not Complete Shaded Area**  
|: 072412345 |: 0012300456 " " 1234

Routing Number  
(9 digits)

Account Number  
(up to 17 digits)

I authorize the State of Michigan to deposit all support-related payments due me into the designated financial institution and account, and, if necessary, to initiate correcting entries, in case duplicates or other error transactions occur. I understand that the deposits will be made electronically, under the rules of the National Automated Clearing House Association (NACHA), and the State of Michigan. This authorization will remain in effect until cancelled by me with written notification to the state, or cancelled by the financial institution or the State of Michigan, at which time they will notify me by mail at the most current address they have on file for me.

**Sign Here:**

**DATE:**

Mail this Form to:

**MiSDU**  
**Attn: Direct Deposit**  
**PO Box 30354**  
**Lansing, MI 48909 – 7854**  
**FAX: 517-318-4697**